IL DEPT OF TRANSPORTATION DIVISION OF TRAFFIC SAFETY ACCUMULATED TOTALS

City Summary

Selection Criteria: 1/1/2008 thru 12/31/2008

NUMBER OF CRASHES

INJURY SEVERITY

		NOME OF OR OTHER									
				PROPERTY	TOTAL	TOTAL	TOTAL				
Ohio	TOTAL	FATAL	INJURY	DAMAGE	VEHICLES	KILLED	INJURED	Α	В	С	0
WEATHER CONDITION											
Clear	2	0	0	2	3	0	0	0	0	0	2
Rain	2	0	0	2	4	0	0	0	0	0	6
TOTALS	4	0		4	7				<u> </u>		8
TYPE OF CRASH											
Fixed object	1	0	0	1	1	0	0	0	0	0	1
Parked motor vehicle	1	0	0	1	2	0	0	0	0	0	1
Angle	2	0	0	2	4	0	0	0	0	0	6
TOTALS	4	0	0	4	7	0	<u></u>		<u> </u>	<u> </u>	8
CLASS OF CITY											
0 TO 2,500	4	0	0	4	7	0	0	0	0	0	8
TOTALS	4	0		4		0					8
ROAD SURFACE CONDITION											
Snow or Slush	2	0	0	2	3	0	0	0	0	0	2
Wet	2	0	0	2	4	0	0	0	0	0	6
TOTALS	4	0		4							8
CLASS OF TRAFFICWAY	•	•		-	•	· ·	•	•	•	•	•
State Numbered Rural	2	0	0	2	4	0	0	0	0	0	6
County & Local Roads Rural	2	0	0	2	3	0	0	0	0	0	2
TOTALS	4	0									8
DAY OF WEEK	•	•	•	-	•	· ·	•	•	·	•	
Tuesday	1	0	0	1	2	0	0	0	0	0	2
Wednesday	1	0	0	1	2	0	0	0	0	0	1
Friday	1	0	0	1	2	0	0	0	0	0	4
Saturday	1	0	0	1	1	0	0	0	0	0	1
TOTALS	4	0	0	4							8
TIME OF DAY											
1 AM	1	0	0	1	1	0	0	0	0	0	1
8 AM	1	0	0	1	2	0	0	0	0	0	1
Noon	1	0	0	1	2	0	0	0	0	0	2
10 PM	1	0	0	1	2	0	0	0	0	0	4
TOTALS	4	0		4							8
LIGHT CONDITION											
Darkness	2	0	0	2	3	0	0	0	0	0	5
Daylight	2	0	0	2	4	0	0	0	0	0	3
TOTALS	4	0									8
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INJURY SEVERITY

IL DEPT OF TRANSPORTATION DIVISION OF TRAFFIC SAFETY ACCUMULATED TOTALS

City Summary

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NUMBER OF CRASHES

PROPERTY TOTAL TOTAL TOTAL TOTAL **FATAL INJURY** DAMAGE **VEHICLES KILLED INJURED** С Ohio Α **ROAD DEFECTS** No Defects **TOTALS** TRAFFIC CONTROL No Controls Stop Sign/Flasher **TOTALS ROADWAY FEATURE** Intersctn of 2 Mrked Rts OR Mrked Rt and 8# OR 2 8#'s Not Applicable **TOTALS**

INJURY SEVERITY

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NUMBER OF CRASHES

	TOTAL	FATAL	IN III IDV	PROPERTY	TOTAL	TOTAL	TOTAL			0	0
Ohio	TOTAL	FATAL	INJURY	DAMAGE	VEHICLES	KILLED	INJURED	A	В	С	0
VEHICLE DEFECTS											
No Defect	6	0	0	6	6	0	0	0	0	0	8
Unknown	1	0	0	1	1	0	0	0	0	0	0
TOTALS	7	0	0	7	7 -	0 -	0	0 -	<u> </u>	<u> </u>	8
VEHICLE TYPE											
Passenger	2	0	0	2	2	0	0	0	0	0	2
Pickup	1	0	0	1	1	0	0	0	0	0	1
SUV	2	0	0	2	2	0	0	0	0	0	3
Tractor with Semi-Trailer	2	0	0	2	2	0	0	0	0	0	2
TOTALS	7	0	0	7	7	0	0	0	0 -	<u> </u>	8

IL DEPT OF TRANSPORTATION DIVISION OF TRAFFIC SAFETY ACCUMULATED TOTALS

City Summary

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NUMBER OF CRASHES INJURY SEVERITY

					PROPERTY	TOTAL	TOTAL	TOTAL				
Ohio		TOTAL	FATAL	INJURY	DAMAGE	VEHICLES	KILLED	INJURED	Α	В	С	0
DRIVER CONDITION												
Alcohol Impaired		1	0	0	1	1	0	0	0	0	0	1
Normal		5	0	0	5	5	0	0	0	0	0	5
TOTALS		6	0	0	6			0				6
DRIVER AGE/GENDER												
16	Female	1	0	0	1	1	0	0	0	0	0	1
20	Female	1	0	0	1	1	0	0	0	0	0	1
22-24	Male	1	0	0	1	1	0	0	0	0	0	1
40-44	Male	1	0	0	1	1	0	0	0	0	0	1
50-54	Male	2	0	0	2	2	0	0	0	0	0	2
TOTALS		6	0	0	6	6		0				6
PASSENGER AGE/GENDER												
15	Male	1	0	0	1	1	0	0	0	0	0	1
17	Female	1	0	0	1	1	0	0	0	0	0	1
TOTALS		2	0	0		2	0	0	0	0 -	<u> </u>	2